STATE OF MAINE



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333-0135 Office: 242 State Street, Augusta, Maine

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STATEMENT OF SOURCES OF INCOME 1 M.R.S.A. §§ 1016-A et seq.

COVERING THE CALENDAR YEAR JANUARY 1, 2006 THROUGH DECEMBER 31, 2006

FULL NAME:	HAROLD TAN EMM		e check the appropriate box and fill in istrict number.
MAILING ADDRESS: CITY:	1863 (141/ H) -	· 🔲	Member of the Senate, District
ZIP CODE:	202-255-7775	ΠZ	Member of the House, District

GENERAL INSTRUCTIONS

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by:

5:00 p.m. on February 15, 2007.

- 2. The report covers you, your spouse, and your dependent children.
- 3. Report only specific sources of income. Dollar amounts need not be listed.
- 4. Campaign contributions duly recorded as required by law need not be reported in this statement.
- 5. Attach additional sheets if needed. Label attachments with your name, address, and the date.
- Please sign on Page 4.
- The completed statements will be posted as a 'pdf' on the Commission's website.
- 8. State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information relating to the preceding year. Additionally, the law (1 M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.

PLEASE KEEP A COPY OF	IMIS STATEMENT FOR TOUR FILES.

Disclosure statements are made available to members of the public upon request.

Thank you for your cooperation.

PART I. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER. Name each employer from whom you received compensation of \$1,000 or more. Specify also the principal type of economic activity of each employer. Principal Type of Economic Activity of Employer Name of Employer PART II. INCOME DERIVED FROM SELF-EMPLOYMENT. (For Legislators who are self-employed.) Enter the name and address of your business, if any, and list the major areas of economic activity from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity of that entity. Major Areas of Economic Activity Major Areas of Economic Activity Name and Address (partnership, association or similar business entity) of Business Entity (self) Name each source of income derived from self-employment that represents more than 10% of your gross income or \$1,000, whichever is greater, and specify the principal type of economic activity of the entity or person from whom you derived such income. If this form of disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the principal type of economic activity of the entity or person from whom the income was derived. Principal Type of Economic Activity of Entity or Person Who Is the Source of Income Address Name of Source PART III. MAJOR AREAS OF PRACTICE. (For Legislators who are attorneys-at-law only.) List your major areas of practice. If associated with a law firm, list the major areas of practice of your firm. Major Areas of Practice Name and Address of Firm Major Areas of Practice (self) (firm)

1. _____

PART IV. OTHER SOURCES OF INCOME. Name each source of income of \$1,000 or more not listed in Parts I, II, or III of this form. Do not include gifts. If none, so state.

Name of Source	<u>Address</u>	Kind of Income
		·
2		
3.		
PART V. DISCLOSURE OF RE \$3,000 or more that you received during that loans from a relative. If none,	ng the reporting period, and list the maj	e names of creditors for any unsecured loans of or areas of economic activity of each creditor. Do
Name of Creditor	Address of Creditor	Principal Type of Economic Activity of Creditor
1 MACLIAS SALLOS	BANK MYCHAS MAI	Reat loan
	MACLIAS/F	Usweth House Modgres
3.		**************************************
PART VI. DISCLOSURE OF GI aggregate value of more than \$300 from	FTS. Name the specific source of ea om a single source. If none, so state.	ch gift of more than \$300. Include gifts with ar
1	3	
2.		
PART VII. DISCLOSURE OF H		y honoraria accepted for appearances or speeches
1	3,	
2		
PART VIII. REPRESENTATION you represented or assisted others for	N BEFORE STATE AGENCIES. Id compensation of any amount. If none,	entify each executive branch agency before which so state.
1	3	

	n a value in excess of \$1,000 during the reporting period. If none, so state
	2
ART X. INCOME RECEIVED BY MEMBE	ERS OF IMMEDIATE FAMILY.
	,
ist the type of economic activity representing each shild (ren) during the reporting period and the kind neome received by spouse and (D) beside sources	ch source of income of \$1,000 or more received by your spouse or depend d of income represented. Do not include gifts. Indicate (S) beside source is of income received by dependent(s).
Type of Economic Activity Representing Each Source of	
Income Received	Kind of Income
-	

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The intentional filing of a false statemen	nt shall be a Class E crime. If the Commission concludes that
annears that a Legislator has willfully fil	iled a false statement, it shall refer its findings of fact to the
Attorney General. If the Commission do	etermines that a Legislator has willfully failed to file a require
statement or has willfully filed a false sta	atement, the Legislator shall be presumed to have a conflict or committee or in eit
interest on every question and snau be p branch of the Legislature, and shall not	attempt to influence the outcome of any question. A Legisla
who willfully fails to file a required state	ement is subject to a civil penalty not to exceed \$1,000, payal
the State and recoverable in a civil actio	on. (1 M.R.S.A. § 1019)
4	
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Kt Broth W. G	Empre 01/04/06
Signature	Date